

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

Vonda Hardy

Debtor(s)

Case No. 09 B 28011

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 07/31/2009.
- 2) The plan was confirmed on 09/24/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 09/24/2009, 08/30/2012.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was Completed on 04/11/2013.
- 6) Number of months from filing to last payment: 44.
- 7) Number of months case was pending: 50.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$21,385.35.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$18,037.09
Less amount refunded to debtor	\$387.16

**NET RECEIPTS: \$17,649.93**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$3,814.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$883.50
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION: \$4,697.50**

Attorney fees paid and disclosed by debtor: \$0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Americredit Financial Ser Inc	Secured	3,551.00	3,271.23	3,271.00	3,271.00	676.38
Americredit Financial Ser Inc	Unsecured	3,551.00	0.23	0.23	0.14	0.00
Argent Care Inc	Unsecured	24.05	NA	NA	0.00	0.00
Arrow Financial Services	Unsecured	1,525.00	NA	NA	0.00	0.00
Asset Acceptance	Unsecured	3,620.00	3,651.12	3,651.12	2,256.28	0.00
Asset Acceptance	Unsecured	8,522.00	8,707.62	8,707.62	5,381.05	0.00
Associates In Rehab Medicine	Unsecured	1,385.00	NA	NA	0.00	0.00
Blue Island Fire Dept	Unsecured	410.00	NA	NA	0.00	0.00
Blue Island Pathology	Unsecured	14.00	NA	NA	0.00	0.00
Blue Island Pathology	Unsecured	992.00	NA	NA	0.00	0.00
Cardmember Services	Unsecured	873.00	NA	NA	0.00	0.00
CitiFinancial	Unsecured	827.00	NA	NA	0.00	0.00
CitiFinancial	Unsecured	1,327.00	NA	NA	0.00	0.00
Collection Company Of America	Unsecured	257.00	NA	NA	0.00	0.00
Daniel T Weber MD	Unsecured	240.00	NA	NA	0.00	0.00
Emergency Care Health Organization	Unsecured	24.00	NA	NA	0.00	0.00
Emergency Care Physician	Unsecured	24.00	466.00	466.00	287.97	0.00
Enloe Drugs	Unsecured	136.00	135.80	135.80	83.92	0.00
Evergreen Health Care	Unsecured	1,152.00	NA	NA	0.00	0.00
Heart Care Centers	Unsecured	25.00	NA	NA	0.00	0.00
Metro Center For Health	Unsecured	2,880.00	NA	NA	0.00	0.00
NCO Financial Services Inc	Unsecured	215.00	NA	NA	0.00	0.00
NCO Financial Services Inc	Unsecured	649.00	NA	NA	0.00	0.00
NCO Financial Services Inc	Unsecured	649.00	NA	NA	0.00	0.00
Neurodiagnostic Services	Unsecured	645.00	NA	NA	0.00	0.00
Palisades Collection LLC	Unsecured	NA	250.90	250.90	155.05	0.00
Portfolio Recovery Associates	Unsecured	1,327.00	1,360.33	1,360.33	840.64	0.00
PTSIR	Unsecured	121.00	NA	NA	0.00	0.00
Resurgent Capital Services	Unsecured	377.00	383.35	383.35	0.00	0.00
Revenue Cycle Solutions	Unsecured	97.00	NA	NA	0.00	0.00
RJS	Unsecured	80.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
St Francis Hospital	Unsecured	1,024.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	Claim <u>Allowed</u>	Principal <u>Paid</u>	Interest <u>Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$3,271.00	\$3,271.00	\$676.38
<b>TOTAL SECURED:</b>	<b>\$3,271.00</b>	<b>\$3,271.00</b>	<b>\$676.38</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$14,955.35</b>	<b>\$9,005.05</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$4,697.50</u>	
Disbursements to Creditors	<u>\$12,952.43</u>	
<b>TOTAL DISBURSEMENTS :</b>		<b><u>\$17,649.93</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/20/2013

By: /s/ Marilyn O. Marshall

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Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.